

COMMERCIAL STRUCTURAL PEST CONTROL EXAMINATION APPLICATION

Department of Agriculture
Division of Environmental Services
107 Corporate Drive
Frankfort, KY 40601

Please Check One

____Applicator (LPCO)
or
____Manager

Please Check One or Both

____General Pest &
Termite
____Fumigation

DATE: _____ 19 _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME PHONE #: Area Code _____ S.S. # _____

BUSINESS PHONE #: Area Code _____

HOME ADDRESS: Street _____ County _____

City _____ State _____ Zip _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

EXPERIENCE: (List below the names and addresses of all employers for which you have worked in the field of structural pest control, giving **exact dates**).

Company Name: _____ Address: _____

From: _____ To: _____

Company Name: _____ Address: _____

From: _____ To: _____

Company Name: _____ Address: _____

From: _____ To: _____

EDUCATION:

High School-Name of School _____

Address: _____

Did you graduate? _____ Yes _____ No _____ GED

College-Name of School _____

Address: _____

Major Subject _____ Years Attended _____

Degrees _____

Have you ever failed a Structural Pest Control Examination? _____ Yes _____ No

If Yes, state where and when: _____

OVER

Have you ever been convicted of a felony or misdemeanor charge, in any state, for fraud or misrepresentation? _____Yes _____No

If Yes, state where and when:_____

STATE OF KENTUCKY

COUNTY OF _____

_____,

being first duly sworn, on oath deposes and says that
____he has read the above and foregoing application
and that the statements and answers contained therein
are true and correct to the best of _____ knowledge
and belief.

Subscribed and sworn to before me this day

of _____, 19____.

Notary Public/Expiration Date

* *
* *
* applicant *
* photo *
* *
* *
* *
* *
* *
* *

(Applicant's Signature)
NOTARY: Please
impress seal on both
signature and edge of
photo. Do not deface
photo.

Applicant should obtain a letter from Commonwealth Attorney or Police Department stating that he or she has not been convicted of fraud or misrepresentation. Must be a **statewide** record check.

Applicant shall obtain a letter signed by the license holder of the pest control company on letterhead stationary (if no letterhead stationary is available, the letter shall be notarized) verifying at least two (2) year's experience for the Applicator's Examination or at least one (1) year for Manager's Examination. If your verification is from a license holder from a state other than Kentucky the license holder shall be verified by that state licensing agency.

IS YOUR APPLICATION COMPLETE?

All information must be supplied. Any incomplete applications will not be considered and will be returned.

ONLY COMPLETE APPLICATIONS POSTMARKED THIRTY (30) DAYS PRIOR TO THE TESTING DATE WILL BE PRESENTED TO THE PEST CONTROL ADVISORY BOARD.